

FILED FEB 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1955

BIRTH NO. _____		REG. DIST. NO. 247		PRIMARY REG. DIST. NO. 4366		REGISTRATION NO. 0730	
1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Granby		c. LENGTH OF STAY (In this place) 45 minutes		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		0730	
d. FULL NAME OF HOSPITAL OR INSTITUTION Granby Community Hospital				d. STREET ADDRESS (If rural, give location) Neosho R.F.D. #5			
3. NAME OF DECEASED (Type or Print) David		a. (First)		b. (Middle) Otis		c. (Last) Allen	
4. DATE OF DEATH January 27, 1951		(Month) (Day) (Year)					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3		8. DATE OF BIRTH March 30, 1896	
9. AGE (In years last birthday) 54		10. MONTHS 9		11. DAYS 27		12. HOURS Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Price Box Mfg. Co.		11. BIRTHPLACE (State or foreign country) McDonald Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William J. Allen		13b. MOTHER'S MAIDEN NAME Louisa Brewer		14. NAME OF HUSBAND OR WIFE Elma Haddock Allen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME David Allen Jr. Neosho, Mo. Route #5			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Chest ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Automobile Accident DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 12 8823 1/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 073				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway #86		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Newton County, Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 27, 1951 10:15 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Car Skidded on Icy Pavement ROR			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:10 pm., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Corley Thompson Coroner				23b. ADDRESS Neosho, Missouri		23c. DATE SIGNED 1-30-1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-30-1951		24c. NAME OF CEMETERY OR CREMATORY Granby		24d. LOCATION (City, town, or county) (State) Granby, Missouri	
DATE REC'D BY LOCAL REG. Jan. 30, 1951		REGISTRAR'S SIGNATURE M. L. Young		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Corley Thompson Neosho, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5
RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH DEPT.

District File Number 251-45

Date Filed 2/7/51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed R. Kenneth Patterson

Licensed Embalmer No. 4697

P. O. Address Greenville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.